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QUARANTINE LAWS.

Extract from the Proceedings of the Physico-Medical Society of New Orleans.

At a regular meeting of the Physico-Medical Society of New Orleans, held Saturday evening, 15th February, 1845, an article read by Dr. Hort, on the subject of Quarantine laws, was on motion of Dr. Farrell, referred to a committee of five, to report at a subsequent meeting. The President appointed on said committee Drs. Farrell, Hort, Jones, Anson and Dowler.

At the regular meeting of the same Society, Saturday evening, May 10th, the following report was submitted by the committee and unanimously adopted.

The committee appointed to report on the expediency of Quarantine laws as a means of preventing the importation of yellow fever into this city, beg leave to state, that in considering this subject they have felt the responsibility which appertains to questions affecting the health and prosperity of the city, and the lives of the inhabitants.

That while they admire and appreciate the ability with which several eminent medical men have advocated the contagiousness of yellow fever, its importation from the Eastern into the Western hemisphere, and the consequent necessity of the establishment of Quarantine laws, they nevertheless consider that the weight of testimony and of facts is immeasurably on the other side of the question; and which opinion is further confirmed by their own experience and observation.

That they can see no reason why the same local and general causes, under the same circumstances, or very nearly so, should not produce similar results in the production of malignant fevers, in both hemispheres of the world.

That where sufficient causes exist to engender disease in one place, it is useless to speculate on the question of its importation from some other place.

That in reviewing the history of yellow fever for one hundred and fifty years past, the committee have come to the conclusion that it was developed, as were many other malignant diseases, before unknown, by the march of civilization urged forward by commercial enterprise.

That in this way, in the course of time, yellow fever became developed in both hemispheres, confined within nearly the same parallels of latitude, and forming distinct yellow fever regions, in addition to the regions of cholera and plague.

That in the gradual progress of civilization, measures have been adopted, and changes of climate have taken place, which have greatly diminished the yellow fever region in this hemisphere; and that its northern limit is now twelve degrees south of what it was a hundred years ago, in the time of Lind.

That this great result has been accomplished, not by quarantine laws, but by other judicious police regulations, together with great changes in the local features of countries; and those atmospherical changes, over which man has no control.

That quarantine laws, even should their existence be deemed necessary, are inadequate to the protection of a seaport of easy access; as Dr. Rush says, that a *still more rigid* quarantine called for in 1797, in Philadelphia, failed to accomplish the purpose desired. In 1805, the same fact is affirmed by Dr. Rogers, health officer at New York. In 1822, if imported, the system again failed at New York (and in this city, it signally failed in 1820 or '21, when a rigid quarantine was established at the English turn.)

The committee are therefore of opinion, that quarantine laws are unnecessary and inexpedient for the protection of the city.

That even if they did prevent the importation of yellow fever (admitting for one moment, for argument sake, that the disease might be imported), they could not at any rate prevent the existence of diseases equally fatal; such as the congestive fever, and the malignant types of intermitting and remitting fevers.

That facts seem clearly to prove, that the yellow fever has decreased in malignity, in a ratio with the improvements of the city—as the draining of the land in the rear of the city; the paving of the streets; the filling up of empty lots; the use of asphaltum; permitting the river water to run through the streets, when the river is high; and the removal of filth and offal from the streets.

That instead of quarantine laws, the measures last alluded to, should be steadily persevered in, and carried, by an enlightened policy, to a still greater extent; which would not only have a tendency to avert yellow fever, but all other malignant diseases, peculiar to our climate and position, at a particular season of the year.

The committee, in conclusion, sum up this report by declaring:

That they believe the yellow fever to be a disease of local or domestic origin, and that it is not an imported disease.

That it is never contagious.

That it may be made to yield to judicious police regulations.

That quarantine laws are very expensive to the community, and that they are not only unnecessary and inexpedient, but worse than useless. They therefore recommend:

1. That the commissaries in each ward be required to look into back yards and lots; and be authorized to cause everything offensive to be promptly removed.

2. That the different Councils of the city should exert themselves to the utmost in their official capacity, to have the surface of the earth cov-

ered over with something, to prevent the exhalations from the alluvial soil on which the city is built; either round or paving stones, or bricks, or shells and sand, or asphaltum.

3. That the owners should be compelled by law to fill up all low swampy lots within the limits of the city.

4. That all offal deposited in the streets should be promptly removed; and if possible, before the heat of the day.

5. That whenever the river is high, the water should be allowed to run through the streets day and night: and that when it is too low, the water works, or if necessary, additional works established for the purpose, should be brought into play.

6. That above all, particular attention should be paid by the city authorities, to the alluvial bank, particularly under the wharves of the Second Municipality, which is annually uncovered as the river falls, exposing an immense surface of fresh deposit, covered with every kind of decaying vegetable and animal matter, which daily accumulates, either carried there by eddy currents of the river, or thrown in by the inhabitants.

The committee deem this last consideration to be of the highest importance, as there is every reason to believe that the bank of the river, under the wharves, is more productive of disease in the summer than all other causes in the city, combined.

7. That instead of depositing the filth and offal collected in the streets by the scavengers, in empty lots or in the rear of the city, it is recommended to the city authorities to have all such filth and offal thrown into the current of the river.

They would also observe, that the measures just recommended would not be attended with one-fourth of the expense of a quarantine establishment properly conducted; while, should they be pushed forward with zeal and energy, the time might, and no doubt would, ere long arrive, when New Orleans would no longer be within the yellow fever region; and consequently exempt, not only from that pestilence, but from all the other fatal diseases of the summer and fall, peculiar to our climate and to our position. This accomplished—what would there remain to retard the growth and prosperity of our city? She would speedily accomplish her high destiny, and in less than a quarter of a century become the most wealthy, prosperous and populous city in the western hemisphere.

—*New Orleans Med. Jour.*

CASE OF INJURY OF THE HIP, BY A FALL, WITH EXFOLIATION OF THE BONE.

By John M. Rose, M.D. of Marion, Mississippi.

The case which I propose to detail, if it furnished nothing new in principle or practice, affords, at least, a striking illustration of the *vis medicatrix naturæ*, and of the aid which it is often in our power to render to her curative efforts, by slight surgical interference.

The subject of the injury and operation which I am about to describe,

was a negro man, aged 45 years, of robust frame and good health. Eight years ago he fell from the second story of a house, by which he received a severe contusion in the right hip, but no fracture that could be discovered. The parts were lacerated to a considerable extent, as well as bruised. From bad management, or because the injury was more serious than was suspected at the time, he did not recover from the wound for near a twelve month. About that time he was able to resume his active occupation, and all that remained of the injury was a dull, dragging pain in the parts that had been wounded, the pain increasing in wet or cloudy weather, as also during any disease. He remained in this condition until Friday, the 13th of March last, when he was suddenly taken with a severe pain in the hip, extending to the lumbar region, accompanied with a severe chill, which was followed by fever. On Saturday the pain extended to the abdomen, and was more severe. The chill and fever also returned. These regular returns continued, with increased pain and soreness, until Tuesday, the 17th, when I was called in great haste to see him.

I found him suffering excruciating pain, and much prostrated; his countenance was haggard, pupils much dilated; a cold, clammy perspiration covered his entire surface. The abdomen was remarkably tender on pressure, and he experienced great difficulty in discharging his urine. It was ascertained that large quantities of pus passed from his bowels; his pulse was about 40 in a minute; he complained of the lower part of his bowels mostly, and said that he could feel something hard there.

From these alarming symptoms, I entered into a close examination, and soon found a spicula of bone lodged in the rectum, so near the external orifice, that I could get hold of it with a common pair of forceps; it was, however, apparently fast and immovable, being held by its rough, serrated edges.

Having the patient in a convenient posture, I made further examination with a probe, and soon found that the bone had not yet passed into the rectum, but was just entering. In size the bone was about one inch and a half in length, and three quarters of an inch in width, with an irregular, rough appearance. Finding that it could not be removed without an operation, I made an incision by a scalpel, having introduced a grooved director through the anus, and along the superior margin of the bone to its full extent. The cut extended about three quarters of an inch, and the bone was extracted with a pair of forceps. But little hemorrhage ensued, nor was the quantity of pus discharged as great as I had expected. The operation was completed by bringing the edges of the wound together and applying simple dressings. Afterwards I gave the patient twenty drops of laudanum, and thirty drops of tincture of catechu, and ordered that he should abstain from all highly-seasoned or stimulating food and drinks. His pulse soon rose to about 70, and he fell into a tranquil sleep, in which state he remained until the following morning. The next day after the operation, I returned and found him in a state of perfect ease. I ordered him to take two ounces of castor oil, and permitted him to drink a small quantity of soup; directed that he be kept

in a perfect state of rest, in a recumbent posture. Returned next day, and found my patient quite cheerful, without any discharge of pus, bowels open, skin moist, tongue clean, no appearance of inflammation, divided parts healing well, pulse about 75. I again ordered oil to keep the bowels soluble, and put the patient upon a low diet. I saw him again on the 20th; everything was progressing well; no pain or fever. The same directions to be continued. My visits were now discontinued, and I saw him no more until a few days since, when he had regained his strength, felt his hip stronger than it had been before for eight years, and with less pain in it; in a word, as he expressed it himself, feeling like a new man.—*West. Jour. Med. and Surg.*

CASE OF INTUSSUSCEPTION.

Dr. S. J. Jeaffreson related the following case at a late meeting of the Royal Medical and Chirurgical Society.

The case was that of a young man, aged 17, to whom the author was called on the 26th of May, 1844. He was laboring under general febrile symptoms; there was an anxious expression of countenance; the abdomen not tender under pressure, but becoming tympanitic; nothing could be retained on the stomach; the matters vomited had a grass-green appearance; there was painful tenesmus without evacuations. Calomel and opium, purgatives of senna, croton oil, &c., with turpentine glysters, were used up to the 28th, without success. On that day, the author considered that decided symptoms of inflammation of the bowels and peritoneum had set in; the belly was generally tender, especially in the left hypochondrium, where a distinct hard tumefaction was observed; leeches, fomentations, &c., were used in addition to the other means, but no evacuations took place until the 31st, when there were very copious and offensive discharges from the bowels, and the vomiting ceased. From this date, the patient gradually recovered, copious evacuations took place, charged with much gelatinous-looking mucus, and, on one occasion, a small quantity of blood.

On the 8th of June there was discharged from the bowels what the author supposed to be either a portion of the small intestine, or a cast of it (of coagulable lymph). It was about two inches and a half or three inches in length, and of a tubular form, smelt horribly putrid, and one or two minute points presented the appearance of sphacelus. After this, with some slight interruption, the patient recovered. The substance voided was examined under the microscope by Mr. Toynbee, who stated that he found cellular tissue, traces of bloodvessels, and nerves and epithelium.

Mr. Dalrymple, who also examined it, thought that involuntary muscular fibre might also be detected, but could not speak positively from the preparation having been placed in spirits of wine for some time.

The author draws attention to one point in the treatment—namely, the abstinence from any active depletion on the 28th, when symptoms of

inflammation had decidedly set in. At this period, he observes, a free evacuation of blood would probably have reduced the inflammatory action and relieved the immediate sufferings of the patient; but it might also have masked the symptoms and checked the reparative processes of adhesive inflammation, on which the recovery of the patient depended.

Dr. Webster agreed with Dr. Jeaffreson, that cases of recovery after a portion of the bowel had been strangulated and sloughed away, were exceedingly rare. He had some years since attended, with Dr. Webster, of Dulwich, a case, in which at first the symptoms were very obscure. After a time, however, a portion of the bowel, twenty-seven inches in extent, was expelled, and the patient recovered. The preparation was in University College Museum.

Dr. C. J. B. Williams was surprised that both the author of the paper and Dr. Webster had considered that cases of this description were very rare. They might be so, it was true, in the experience of a single individual, but they were by no means uncommon in the records of British and foreign medicine. In the tropics, particularly, portions of intestine, of feet and not inches, in length, were frequently expelled, as the result of dysentery. He had lately read in the Transactions of the Medical Society of Bombay several instances, in which two or three feet of intestine were thrown off. This seemed the way, indeed, in which a cure from intussusception was effected by the efforts of nature.

Dr. Burrows inquired the experience of any surgeons in tropical climates, with respect to the cases in question.

Mr. Fitzmaurice, as a retired army surgeon, who had long practised in Ceylon, remarked, that it was not uncommon for a portion of bowel to be thrown off in severe cases of dysentery, when affecting the native soldiery—the Europeans generally escaped. This form of disease was called "slough dysentery," and it was common for six, eight, twelve, or even eighteen inches of intestine to come away. Many preparations illustrative of this were in the museum of Woolwich.

Dr. Webster, in his observations, had referred to the disease as rare in this country. It might be comparatively frequent in hot climates.—*London Lancet.*

POST-MORTEM CALORICITY OF YELLOW FEVER.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—The kindness with which you have mentioned a portion of my humble labors, inspires me with new zeal, and is, at the same time, a proof that a generous sympathy is not wanting in our noble profession. I have copied the following unpublished cases, illustrating the *post-mortem caloricity of yellow fever*, hoping that they may prove worthy of a place in your pages.

Please accept the esteem and gratitude of your humble servant,

BENNET DOWLER.

New Orleans, July 15th, 1845.

Cases.—*The morbid caloricity, very great and uniform, from one to two hours after death, dissipates itself equally and simultaneously in the epigastrium and thigh.* October 2d, noon; room 84°. I. S., a German butcher, aged 29; last from Havre; resident eleven days; sick nine days; dead one hour; neck quite rigid, arms and legs moderately so; corneæ brilliant and natural, &c.; [at the commencement of the experiments, both pupils were dilated—one eye was closed—its pupil remaining stationary; the other pupil, after exposure to light, contracted in an hour; all the while the covered cornea was natural, while the exposed one, from desiccation, became dim or glassy;] axilla in 20 minutes, 106°; the thigh in 10 m. 106°; the left chest in 15 m. 106°; the thigh in 5 m. 106°; the epigast. in 10 m. 106°—5 m. 105°; thigh in 5 m. 105°—10 m. 104°—three hours dead.

The thigh gives the maximum—the whole mass at about 106°, *as long as observed.* N. E., born in Italy, aged 25; last from Marseilles; resident seventeen days; sick six days; dead twenty minutes; [abdomen concave, recti muscles contracted into hard knotty ridges; neck rigid; limbs flexible; the arm was extended—an axe or large hatchet being tied in the palm, the flexors of the fore-arm were struck with the inferior edge of my extended hand; the subject raised the fore-arm, carrying the weight, about three lbs., several times, striking the same near the centre of the trunk, at several places from the umbilicus to the upper end of the sternum, &c.—See Note.]—axilla 8 minutes, 106°; perineum (closing the limbs) 5 m. 104°; axilla 5 m. 106°—6 m. over 106°—3 m. same; thigh 4 m. 105°—5 m. 106½°; epigast. 4 m. 106°—2 m. 106° and over; left chest 6 m. 105°; thigh 9 m. 106½°; left chest 5 m. 104°; epigast. 5 m. 106°; thigh over 106°, at about two hours after death, when the experiments were abandoned.

Two hours after death the heat continues to augment—soon reaches its maximum, continuing stationary, except a slight oscillation, for two hours—at the sixth hour, the law of atmospheric refrigeration prevails. Miss I., aged 23—skin very cold to the touch in the last stage of the black vomit. Died at 10 A. M., Sept. At noon air about 80°; two hours after death—axilla in 5 m. 102°; vagina 5 m. 104°—5 m. 105°—10 m. 105°; axilla 5 m. nearly 104°—10 m. the same. Three hours after death, vagina 5 m. 104°: epigast. 7 m. 105°—3 m. falling—8 m. 104°; vagina 5 m. 104°, falling; rectum 5 m. 104°. Four hours after death, epigast. 5 m. 104°—3 m. 104°; vagina 5 m. 104° nearly. Six hours after death, axilla and thigh each 100°; epigast. 103°.

The thigh the hottest, but cools pari passu with the centre, contrary to the law of refrigeration in dead matter. F. L., born in, and last from, France, aged 58; resident two months; sick eleven days; died Sept. 13th, at 5 P. M.; room 86°—10 m. after death, axilla 102°; knees by contact, without incision, 4 m. 102°; rectum 5 m. 104°; axilla 5 m. 104°; thigh 3 m. 104°—6 m. 106° and over; epigast. 4 m. 106° and over; thigh 3 m. nearly 108°—3 m. 108° fully—5 m. fell to 104°; left lung 5 m. 104°—right, in 5 m. over 103°; the other thigh 3 m. 104°—2 m. 104°—3 m. 104°; base of the right lung 103°; thigh

(old incision) 103°; epigastrium 103°. Nineteen hours after death; room 86°; epigast. 89°; thigh 89°; left chest 88°—right 89°; middle of the arm 89°; calf of the leg 86°, exactly agreeing with the air. This subject, before rigidity set in, performed supination, pronation and flexion most beautifully. When the arm was extended at a right angle with the trunk, a blow over the biceps, not sufficient to injure the living, caused the fore-arm to bend, carrying the hand to the chest repeatedly.

Calorific focus in the epigastrium; in two hours the thigh exceeds the heart in temperature more than 4°. F., born in Cincinnati; steam boatman; aged 24; resident eleven days; treated with foot-bath, cups, enemata, sponging with hot brandy, carb. ammon., sinap., camphor, phos. calcis, cold to the head, arteriotomy. Aug. 29, 11 A. M., air 83°; sick eight days; hand 15 m. 104°; axilla 10 m. 105°. Sept. 1st, 1 P. M., room 84°. Dead half an hour; axilla 5 m. 101°—2 m. 104°—2 m. 105°—2 m. over 106°—2 m. same; thigh 5 m. over 106°—2 m. 107°—2 m. 108°—2 m. 107°; axilla 5 m 107°; left epigast. 3 m. 109°—2 m. 109°; right epigast. 5 m. 109°—at sundry places by perforating the linea alba, 106°; thigh 5 m. over 106°—5 m. same; base of the lungs and heart each 102°—an hour after removing the abdominal *viscera*, the thigh gave 33° of Réaumur, or more than 106° of Fah. [A blow given with the flat side of the hatchet, over the biceps, caused the hand to be placed against the ear; a second blow carried it to the nipple; a third brought it to the perpendicular; a fourth gave but a feeble motion to the hand, without elevating the fore-arm. The blows had been purposely severe; the contractility was killed; the muscle became inelastic or doughy, receiving the impression of the instrument from the last stroke. An hour after the other arm was very contractile.]

Note.—*Post-mortem* muscular contractility, and its very curious laws, I accidentally noticed several years ago; its production, duration and decline were all new to me. I have sought in vain for any satisfactory record of these phenomena, except in connection with galvanism. Had I time, I could turn to my MS. volumes containing some cases wherein this property continued six to seven hours after death, and hours after amputating the shoulder, with all its muscles—the fore-arm flexing so violently as to turn the shoulder over, causing the deltoid to rest on the table, instead of being uppermost, as it was before the muscular action. It is my intention to give an outline of this subject, as soon as convenient. I certainly do not wish to indulge any unwarrantable pretensions to discovery. Perhaps every body knows the facts to which I allude. But it is strange that our teachers do not show these experiments to students; they are infinitely preferable to the mummery of galvanism. A blow with the professor's hand will explain more of muscular contraction, than a thousand words. The muscles may all be even severed except the flexors of the fore-arm—the latter being dissected bare—the whole process and duration of contraction pass before the eyes, even after the amputation of the shoulder, proving that the spinal marrow is not necessary "to the contractile function of the limbs," as said by Dr. Hall.* Generally,

* Vide the able work of Dr. M. Hall, New Syst., p. 43.

muscular rigidity *(rigor mortis)* first begins, and first ends, in the neck; *post-mortem* refrigeration takes place first in the head—these, with many other phenomena, incline me to think that soon or late it will be admitted that death, usually, if not always, begins in the brain, and that the body dies downward along the centre, and then outwardly, notwithstanding all that the illustrious Bichat has said of death beginning in the heart and lungs. The biceps muscle outlives any of the organs called vital.

THERAPEUTIC APPLICATION OF ARSENIC, &c.

By Daniel Holt, M.D., New Haven, Ct.

[Communicated for the Boston Medical and Surgical Journal.]

This article has been long held as a powerful remedial agent, and as it is a violent poison when misapplied, we have every reason to believe it a powerful remedy when well chosen, for a poison and a medicine are but the same thing in different circumstances. Still it is often given with little effect, and sometimes we fear only to do injury. I apprehend it is given too indiscriminately, without definite indications for its use. It is called a tonic, but in many cases of pure debility will have little or no effect, in any dose which it will be safe to continue; as an alterative it is useless in many cases, or until a quantity is given which makes the effect of the remedy as bad as the disease. But in other cases its effects, either as an alterative or tonic, are speedy and permanent. My opinion has long been that there are particular pathological conditions, in which this article (as is the case with many other remedies) is especially appropriate, and in these conditions, whatever the disease may be, though it will exist in some diseases more than others, it produces its specific effect to the condition, and hence it cures. Dr. Ellsworth (who, by the way, has made some very correct observations) would call it a "specific stimulant" effect. I conceive it acts as a tonic, only by so changing the diseased action of some of the parts concerned in digestion, assimilation, or nutrition, as to make more red blood. It is considered especially valuable in diseases of a periodical character. Still, all periodical diseases are not benefited by it, whether they are neuralgic, marsh intermittent, or remittent, though it is one characteristic of the condition indicating arsenic as a remedy, that it is more effective in a periodical disease, other things being equal, than where all the symptoms are continuous, whatever the disease may be; but it is an effectual remedy in a great variety of diseases both acute and chronic, and in some cases its effects are speedy, where the conditions of the system are such as to obtain its effects. Arsenic is generally more effectual in diseases of debility, but more especially those attended with a vitiated state of the system, with bad secretions. When some or many of the following symptoms attend a particular disease in which arsenic is used as a remedy, we may, I think, depend upon much more beneficial results than when the opposite obtains:—general debility; a pale, bloated or earthy countenance, distorted features, with a cold bluish

appearance of the surface, disposed to petechiæ; paroxysms of whatever nature, occurring especially late in the day, attended with general prostration; derangement of the alimentary canal; a white or brown clammy state of the mouth, and the whole tract of the alimentary canal, as it were, indicating a tendency to incipient gangrene; green and dark evacuations, with general disturbance of the stomach and bowels, attended with burning sensation, and vitiated and profuse secretions. Where many of these symptoms are present, in a great variety of diseases, it will be found a valuable remedy, and will often of itself in a short time produce a great change in all the symptoms, and restore the healthy functions; the appetite and strength will improve, as the morbid symptoms disappear. We have often given it in typhus and other fevers; in inflammations, in bowel complaints, acute and chronic; in the various nervous affections, scrofula, cutaneous affections, &c., and where most of the above symptoms were present, indicating a peculiar state of the system, have seen the most decided effects. Whereas, when we have given it in those diseases in which it is commonly recommended, and found it to fail, an opposite state of the system has generally been observed. I have given it in a case of severe cough of two or three weeks standing, where there was great coldness and debility, loss of appetite, nausea, periodical nightly spasmodic cough with free and unhealthy secretion, and all the symptoms were relieved *instanter*, as it were; indeed the patient would scarcely cough after commencing the remedy. So in other diseases, when rightly given.

This, however, is not peculiar to this article; it will hold true with many, and probably most, of our most efficient medicinal agents. It is certainly true of mercury, of iodine and its preparations, of quinine, of nit. silver, of ammonia, &c.; and hence these articles have been classed differently by different writers, and viewed differently by different practitioners. If they are appropriately given, they seem to act as tonics; that is, they remove the unhealthy condition. If they are given improperly, if not directly reducing they become so by allowing the disease to continue. Every medicine has its appropriate condition, in which its effects are manifested to best advantage, but which has been too much overlooked by the medical profession. There are, in my view, few medicines which are specific to particular diseases, but many which are so to particular conditions of the system, and when so applied, cure "*cito certe et jucunde.*" The profession in general have been too much upon general principles in the application of remedial agents to the cure of disease, and have neglected the specific application of particular remedial agents to particular morbid or pathological conditions.

INFLUENCE OF CLIMATE, IN WESTERN AFRICA, ON THE MIND.

[The writer of the following letter, addressed to the Rev. Joseph Tracy, of Boston, Secretary of the Massachusetts Colonization Society, is Dr. Lugenbeel, whose name has been frequently brought before the medical

public. It is from a source of such respectability, as to entitle it to the fullest consideration. Dr. Lugenbeel is Colonial Physician and a resident of Liberia.]

Dear Sir,—Your letter bearing date December 6th is now before me, and I beg you to accept my grateful acknowledgments for the same, and for the interesting pamphlet which you kindly sent me.

Correct answers to the inquiries you make, relative to "the influence of the climate, or acclimating fever, of Western Africa, on the *mind*," are not less difficult than important; for, as you are aware, much more extensive and protracted observations are necessary, to enable one to form a correct opinion, relative to the effects of disease on the mental, than on the physical system. That a very great sympathy exists between the mind and the body, even in a state of health, there can be no question. And in all kinds of fevers, in all climates, this sympathy is obvious, to a greater or less extent. That the health of the body depends, in a great measure, on the healthy condition of the mind, and *vice versa*, no one can doubt. And, in the treatment of physical diseases, the judicious physician takes advantage of this, and endeavors to enjoin quietude and *cheerfulness* of mind on his patients; which, in some cases, are *sine qua nons* to their restoration to health. This course is especially necessary in the treatment of the acclimating fever of this country; for it is obvious to all who have carefully observed the effects of fevers on the mind, in this country and in the United States, that the physico-mental sympathy is more clearly exhibited in the former, than in the latter. Indeed, the greatest difficulty that I have to contend with, in the treatment of the fever which usually attacks new comers, within a few weeks or months after their arrival in this country, is to prevent that mental depression or despondency which is so frequently an attendant on the disease. And I have invariably found, in cases in which the patients obstinately and pertinaciously yielded to despondency, and abandoned all hope of getting well, that, sooner or later, their expectations were realized, and death closed the scene. A striking instance of this kind occurred a few weeks ago, in one of the last company of immigrants. The individual, a man about 30 years of age, was the first of the company who was taken sick; and, although his attack was not very violent, and although the urgent symptoms yielded readily to appropriate medical treatment, yet from the onset until his death, a period of about two weeks, he seemed to be determined not to get well; and I found it impossible to inspire him with the least degree of hope. I felt particularly interested in this case; for I was apprehensive that, if it terminated fatally, the result might have an injurious effect on the minds of some of the rest of the company. But, so well convinced were they that he might have recovered, had he exercised a little more patience, and not been so obstinate, that my fears were dissipated even before he died. On the other hand, I have had the charge of cases, in which I had much more cause to apprehend death, in consequence of the violence of the disease, than in the case to which I have alluded; and yet, by being able to induce the patients to banish all

gloomy forebodings, and to bear their afflictions with patient resignation, I have had the satisfaction of seeing them recover, in a reasonable time.

There are comparatively few cases, in which more or less mental despondency does not exist. I have seen several individuals who were all life and cheerfulness, before they were taken sick; but as soon as the fever had taken hold of them, the scene was changed, and they scarcely appeared like the same persons. This depression of spirits generally subsides gradually, after the subsidence of the fever. But as most persons are more or less subject to irregular intermittents, for some weeks or months after the first attack of fever, they are also liable to irregular exhibitions of mental despondency; and I generally find that the condition of the mind, as regards cheerfulness or depression, is strikingly characteristic of the condition of the physical system. It is not unusual for me to visit patients on one day, and find them cheerful and contented; and on the following day, find them melancholy and dejected, and disposed to exaggerate their sufferings; and perhaps, in answer to my inquiries relative to their feelings, they will tell me that they cannot get well.

And here I would remark, that I have observed with pleasure, and have experienced in my own case, the salutary influences of religion on the diseases of this country, to a greater extent than I ever observed, during a practice of two years in the United States. Whenever I have been called to a patient, whose heart and mind were sufficiently influenced by divine grace, to enable him to trust implicitly in God, and to submit patiently to any and every dispensation of Providence, I have been enabled to enter on the performance of the responsible duties of my profession, with far more encouragement of success, than in cases of an opposite character. And, in regard to my own case especially, I confidently believe that the comforts and consolations of religion have had more influence in the preservation of my health, than anything else. When the sting of death is thus removed, the prospects of life in Africa are vastly augmented.

But, as I apprehend your inquiries refer particularly to the permanent effects of the climate and fever on the mind, I will endeavor to state the substance of my observations on this point. And first, permit me briefly to state my own case; for, although I congratulate myself in not yet having become insane, yet I cannot say that, during a residence of fifteen months in Africa, my mind has not become in some measure affected by the peculiarities of this climate, or by the frequent slight attacks of fever which I have experienced. The principal effect that I have observed in my own case, is an impairment of the memory. I find that I cannot retain anything that I read or hear, with as much facility as I formerly could; and many things which were once almost as familiar to my mind as my own name, have "gone glimmering, like the dream of things that were." I also find that I cannot apply my mind to any particular object or objects, either in reading, writing, or meditation, for any considerable length of time, without becoming more or less confused, and experiencing an almost irresistible tendency to wander into the trackless regions of unbridled imagination, or into the visionary fields of unprofitable musings.

I believe that I could acquire more knowledge, by study, in three months in the United States, than I could in a year in Africa.

Another effect which I think I have observed in my own case, is a greater degree of irritability of temper. Notwithstanding I believe I enjoy more religion in this country—live nearer to a throne of grace—than I did in the United States; yet I find more difficulty in preserving an equanimity of mind, amidst the cares of life—an evenness of temper, amidst the changing scenes of time. My mind is more apt to become ruffled by things of comparatively minor importance; and I think I observe a greater tendency to loquacity, and unprofitable disputations; especially when I am feverish, which is frequently the case, even when I am able to go about and attend to the duties of my vocation. The little difficulties of life are also, in imagination, increased in magnitude—the mole-hill sometimes seems like a mountain; and, instead of stepping over the one, I am more inclined to prepare for a flight across the other.

These effects are perhaps more or less observable in the large majority, if not in all cases, of individuals who emigrate from the United States to this country. I have frequently heard persons say that their memory is not as good as it was in America; and, in regard to irritability of temper, I have no doubt that all intelligent and candid persons will acknowledge that they experience a greater liability to err in this respect, in Africa, than they did in America.

In regard to the influence of the climate and fever on different classes of persons, with reference to color, age, habits and intellectual culture; I think my observations justify me in saying, that persons of dark complexion are less liable to be injuriously affected, both physically and mentally, than those of lighter color—the ratio being, *ceteris paribus*, in proportion to the depth of color of the skin. The young are less liable to be affected than the old. And persons of industrious habits and enterprising spirits are, of course, less liable than those of an opposite character. In regard to persons of cultivated intellects, contrasted with the uneducated, I think the former are more liable to mental injury, than the latter, simply from the fact that the fever has more to operate on.

I cannot say, however, that any peculiar traits of character are produced by the influence of the climate, or the acclimating fever of Western Africa; or that permanent mental alienation, or insanity, is more common in Liberia than in the United States. Insanity is by no means common among the natives; and I know of only two really insane persons in the Colony. On the whole, I cannot perceive that the climate, or the acclimating fever, of this coast, has any very marked permanent effect on the human mind, other than the effects to which I have alluded; and even those may be only temporary—dependent, in a great measure, if not altogether, on the frequent febrile exacerbations, to which such persons are subject, in whom those effects are most clearly exhibited.

In answer to your inquiry respecting the interior limits of the fever region, I cannot give anything very satisfactory, in consequence of the circumscribed extent of my observations. From frequent conversations, however, with persons who have travelled to the distance of from 100 to

200 miles inland, I am satisfied that the country, even within 50 miles of the coast, is comparatively healthy. The land is mountainous, the water pure, and the temperature of the atmosphere congenial to the feelings. There can be no doubt that beyond the influence of the low, swampy ground, along the coast, the liability to disease is much less, and the chance of a long life much greater. It is very evident, however, that the physical system of every individual who removes from a temperate climate to a tropical one, must undergo some change—must experience some process of acclimation; which may or may not be attended with much fever, according to circumstances—to the constitutional peculiarities of the individual, the nature of the surrounding country, mode of living, &c. This change, no doubt, must be experienced, whether the individual locates in an elevated region in the interior, or in the immediate neighborhood of the pestiferous swamps along the coast. But, of course, the liability to active or violent disease would be much less in the former than in the latter location; and the individual would, perhaps, be entirely exempt from those frequent irregular attacks of intermittent and remittent fevers, to which all are exposed while residing in the vicinity of low, marshy land.

I think it is very probable that I could enjoy as good health in the mountainous regions of Africa, within less than one hundred miles from the coast, as I could in many parts of the United States.

Yours truly, J. W. LUGENBEEL.

PROTRACTED WAKEFULNESS.

To the Editor of the Boston Medical and Surgical Journal.

MY DEAR SIR,—Some four or five months ago, you said that a correspondent in Wisconsin had inquired if I yet slept; and asked me to reply. I was then gathering strength, and had hope that, with improved health, the blessing would again be restored; but with the month of May came debility and miserable nights.

On the 18th inst., I embarked in a steamboat bound for Bangor, which sailed at 5 o'clock, P. M. The sea air was refreshing, and the voyage, during night, under a full moon, altogether delightful.

About 7 next morning, I landed at Camden, was immediately welcomed by a friend, taken to his house, and introduced to a fine family. After breakfast, expressing desire to go to the top of the rocky hill adjoining the village—the lowest of a range called the Camden Mountains—my friend sent his son with me, who, gun-in-hand, was my conductor to the summit, some seven or eight hundred feet above the level of the sea. There, we spent the forenoon, enjoying charming prospects of Penobscot Bay, studded with islands, and the surrounding country varied in every way, so far as the eye could reach. The hill is overspread with whortleberry and blueberry bushes; so, when fatigued, we had only to drop down, as on a sofa, and partake of delicious fruit.

After dinner, my friend drove me, in a carriage, some five miles back

into the country—the greater part of the way, along the margin of Migumtcook Lake, and under a terrific precipice, whose huge boulders every moment threaten destruction. In fact, the whole of a bright sunny day, cooled with healthful zephyrs, was spent in pleasurable excitement. Interesting conversation beguiled the evening; and, after family worship, I sunk to rest in a luxurious curtained bed. Ere long, I slept; and, about 5 o'clock next morning, was awakened by the crowing of the cock. This was the only night's sleep I have had these last six years and seven months; so help me God. Since then, my nights have been tedious, as usual, without sleep, and some of them distressing. Yours faithfully,

Marlboro' Hotel, Boston, July 31, 1845. ROB. F. GOURLAY.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, AUGUST 6, 1845.

Volume Thirty-three.—With this number, another volume of this Journal is commenced. In looking back on the past, we find that twenty years have wrought extraordinary changes in the circle of our acquaintance. While each revolving year brings new friends and patrons, those who have cheered us on the way, and befriended us in early days, both by their counsel and literary assistance, are fast leaving the stage. It is a sad reflection, that those who entered upon the active pursuits of professional toil with us, are thus gradually narrowing down to a small company. But with regard to many of them the odor of a good name remains; a man's meritorious deeds live, though he is mouldering into dust.

As the fashions of garments change, so do opinions and theories in medicine. There have been many such revolutions since this Journal was established, and the people who advanced them, and who wrote with energy and contended, with becoming dignity, in maintaining great principles on many grave subjects, are not only forgotten themselves, but their efforts also. A new class of thinkers, writers and practitioners are rising into prominent notice. They profit by the learning of their predecessors, and it is to be hoped will lend their aid, in carrying forward the work of human improvement, to bless the generations that are to follow.

Dr. Dickson's Essays on Pathology and Therapeutics.—Owing to some mishap, the first volume of this recent production, in two well-proportioned octavos, has but just reached us, although the second had been on hand some weeks.

No one can expect to be wholly and absolutely original, at this late period, in any department of medicine. Still, to exhibit a familiarity with all the authorities extant, and to teach the great laws of vitality in accordance with acknowledged truths, shows a well-disciplined mind, and a devotion to the interests of humanity.

In compliance with the wishes of successive classes at the Medical

College of South Carolina, the author of this work, Dr. S. H. Dickson, who is the professor of the Institutes of Medicine, consented to publish the substance of his annual course of lectures. Dr. Dickson possesses the virtue of modesty, and the manner in which he speaks of gentlemen already in the field is much to his credit. "The student or young practitioner," he says, "who has in his hands the volumes of Cragie, Copland, Dunglison and Mackintosh, can require nothing more of that compendious and extensive character. Besides this, the real utility and success of a different class of writings, in style and manner less formal and more popular, Elliotson's, Graves's, Stokes's, Chapman's and Watson's lectures, have decided me to give to the press, with little alteration, the substance of the essays which constitute my College course of instruction." The first volume contains twenty-one chapters, written with taste, and under the guidance of a sound judgment. We are constantly impressed with the extent as well as exactness of Dr. Dickson's knowledge. It is a characteristic feature of his writings, that they leave no room for the origin of a doubt, so far as his own mind or observation are concerned. In this volume are embraced the cause of disease, malaria, animal putrefaction, contagion, epidemics—nosological arrangement, diseases of the circulatory system, idiopathic fever, &c. The second embraces a great circle of diseases, with the most approved method of treatment, the particulars of which, if enumerated, would occupy more room than can be spared in this notice.

Finally, wherever these books are read, whether at home or abroad, they will hold an elevated place, we think, in medical literature. Without seeking notoriety, Dr. Dickson will be known, and posterity, to say nothing of those who are his personal friends or neighbors, will be proud of his contributions to the archives of American science.

Louisiana Medical and Surgical Journal.—From present appearances, the profession at the South will outstrip the North in the number of their medical periodicals. A prospectus is abroad for a second journal at New Orleans, to be published bi-monthly, at five dollars per annum, in advance. John Harrison, M.D., and W. M. Carpenter, M.D., both of the faculty of the Medical College of Louisiana, are to be the editors of the proposed enterprise. The subject of organic chemistry is to have a prominent place. If these gentlemen bring out a journal equal to the one already sent abroad from New Orleans, they will deserve the support of those who know how to estimate the labors of men exclusively devoted to the pursuits of science. When the first No. arrives in September, we shall apprise the medical public of its advent, selecting such parts for our own pages as will illustrate its character and claims to patronage.

Titles to the Articles of Correspondents.—Were authors of original essays, and correspondents of the Journal generally, always particular to give a title to their communications, they would confer a special favor. It is essential that every paper worth reading, should be made come-at-able by an index. Without some appropriate caption, expressive of the main character of an article, an editor sometimes finds himself perplexed

—especially when he ascertains that one cannot be constructed without the risk of disapproval on the part of the author. Each volume is provided with a tolerably minute index, without which there would be utter confusion, and it is important that each article should be there appropriately placed. Being persuaded that we sometimes fall short of the expectations of the writers of really excellent papers, in affixing a name, we shall esteem it a favor if each one will remember to christen his own, both to save himself from vexation, and us from the liability of blunders or mistakes.

Sickness in the Country.—An eminent physician, not far from 80 miles to the north of Boston, writes—"It is quite sickly for the season, and a motley lot of diseases, as ordinarily occurs in a country practice, are prevailing; viz., scarlatina, erysipelas, measles, mumps, dysentery, varioloid, fever, hooping cough, &c." The latter appears to have been a severe epidemic in some parts of New Hampshire. Erysipelas strikes terror into the villages where it appears, and well it may, since the mortality which follows its track is a melancholy proof of the imperfection of the healing art.

Mesmeric Revelation.—Some one may have supposed that he was conferring a favor by sending us a copy of Mrs. Chester's mis-named mesmeric revelation. The cheats in what is called animal magnetism, although exceedingly numerous and protean in their character, are so stale, that we are no longer amused by them. How it happens that any can be found to swallow down the bait, after such a multitude of exposures have been brought to light, both to show the dishonesty of the magnetizer as well as magnetizee, is altogether puzzling. Notwithstanding the assertions from high authority that the people of New England are her glory, it is undeniably true that they have an insatiable appetite for the marvellous. The more monstrous or absurd the propositions in mesmerism, the better. Lynn, a charming, enterprising town, may boast of possessing a very accomplished story-teller, whose ingenuity is such that she succeeded in impressing certain certificate signers with more confidence in regard to the condition of Capt. Kidd's treasures, than they could have obtained in any other way.

American Journal of Science and Arts.—A new series of this valuable work, under the auspices of Prof. Silliman, of New Haven, is to commence in January next, and appear every two months, instead of quarterly as heretofore. The editors will have associated with them Mr. James D. Dana. A principal object contemplated in the change is to give authors more frequent opportunities for communicating with the readers of scientific researches, and also to furnish new matter, in season, from European sources. As the present sales are quite insufficient, says the prospectus, to authorize the change, efforts are soon to be extensively made with a view to enlarge the subscription list. For the honor of the country, we hope every one who feels the remotest interest in the diffusion of scientific knowledge, will make an effort to sustain that very useful and truly important periodical.

Pongwe Language, Africa.—From the Missionary Report from Western Africa, in 1844, which may be found in that very instructive publication, the Missionary Herald, of the last month, the following account is extracted, which is deserving the attention of linguists and ethnographers.

"We have been greatly surprised," says the Report, "to find in this remote corner of Africa, and among a people but very partially civilized, one of the most perfect languages of which we have any knowledge. It is not so remarkable for copiousness of words, as for its great and almost unlimited flexibility. Its expansions, contractions and inflections, though exceedingly numerous, and having, apparently, special reference to euphony, are all governed by grammatical rules which seem to be well established in the minds of the people, and which enable them to express their ideas with the utmost precision. How a language so soft, so plaintive, so pleasant to the ear, and, at the same time, so copious and methodical in its inflections, should have originated, or how the people are enabled to retain its multifarious principles so distinctly in their minds, as to express themselves with almost unvarying precision and uniformity, are points which we do not pretend to settle. It is spoken coastwise nearly two hundred miles, and perhaps, with some dialectic differences, it reaches the Congo River. How far it extends into the interior, is not satisfactorily known."

Fiske Fund Prize Essay.—Dr. Wm. E. Coale, of Boston, is the successful writer of an essay, the present season, which has taken the Fiske Fund premium in Rhode Island. The manuscript has been received at this office, and will have an early insertion.

Intermittent Fever and Enlarged Spleen.—According to high authority (M. Piorry) the affection of the spleen is the cause of the intermittent. This view reversed is that of the profession generally. Be this as it may, the same remedies cure both. We used the following formula in numerous cases with success. It is a favorite prescription of a physician of great experience in these diseases, Dr. Anderson, of St. Louis, formerly of Vicksburg. R Sulphat. quinia, ʒij.; aqua quinia, ʒij.; tr. opii, solutio Fowleri, aa dr. ½; sulph. acid aromat., dr. i. M. Teaspoonful every two hours during the intermission.

Dr. A. sometimes uses a solution of twice the strength of the above, which he thinks still better; we are disposed to agree with him, especially in cases of enlarged spleen. Piorry says, that he has observed a sensible diminution in the size of the spleen produced *in a few minutes*, by a large dose of the sulphate of quinine! We do not generally observe so closely in this country.—*St. Louis Medical Journal.*

Bloodless Amputations.—Our friend, Dr. Mosby, proposes to save the subjects of amputations from loss of blood, occasionally a very disastrous circumstance in exhausted individuals, by the following method, which he has communicated to us, and requests us to submit to the profession. First, he would apply a roller bandage to the limb, so as to force the blood as much as possible out of it, and then, by means of a tourniquet, cut off the ingress of blood by the arteries, slackening the instrument after the amputation sufficiently to find the vessels that might bleed.—*Western Journal of Medicine and Surgery.*

Ohio College of Dental Surgeons, at Cincinnati.—This Institution was incorporated last winter. It will have a winter session of four months; and confer degrees in *Dental Surgery*. The professors are, Drs. Cook, Rogers and Taylor, and the charge for each professor's ticket is $25.—*Western Lancet.*

Heat in July, 1845.—The late hot weather was pretty severely felt throughout the Northern States. It is said to be the hottest season experienced since 1825, but, according to some statements, not as hot as it was then. In that year, from July 11th, to July 16th, the thermometer ranged from 100 to 108½. Within the same dates this season it has ranged from 91 to 102½. The papers from different parts of the country, in giving the state of the thermometer, have recorded many deaths which were occasioned by extreme heat. The number of deaths in some of the cities has largely increased. Below is given the state of the thermometer in various places on the days specified:—

In Charleston, July 9th, 94 degrees; Boston, 22d, 101; Rochester, July 12th, 97; New York, July 12th, 94; Burlington, Vt., July 12th, 100; Pittsburgh, Pa., July 12th, 102½; Hudson, July 12th, 90; Salem, July 12th, 103; Boston, July 13th, 98; Philadelphia, July 13th, 101; N. York, July 13th, 99; Albany, July 13th, 98; Brooklyn, July 13th, 95; Baltimore, July 13th, 95; Greenfield, Ms., July 13th, 100; Philadelphia, July 14th, 102; Rochester, July 16th, 102.

Medical Miscellany.—Dr. Boucherie, in France, has been authorized to cut such trees as he may wish, in the crown forests, in order to prepare them for the Navy, so that the timber shall resist the causes which usually destroy it.—Dr. Armand Mercier, at the Charity Hospital, New Orleans, say the papers, has tied the left subclavian artery, for the cure of aneurism, and the corresponding axillary. The patient was a female slave. The ligatures came away on the thirteenth day.—Dr. S. A. Cartwright lately delivered an eulogy on General Jackson, at Natchez.—Surgeon of the U. S. Steam Frigate Mississippi, Dr. A. G. Gambrell; Assistant Surgeon, Dr. W. Sherman.—Dr. Thomas R. Spencer has been elected Professor of Materia Medica in Willoughby University, Ohio.—A negress, the slave of Mr. M'Daniel, of Marion Co., Missouri, now 117 years old, has cut a fourth set of teeth. Her youngest child, a son, is 80 years old, with a child 1 year old.—In consequence of the prevalence of smallpox in New York, vessels arriving thence at Jamaica are quarantined.—Guyaquil has been visited with an awful sickness of late.—Bedford Springs, only 16 miles from Boston, are well patronized. Something is said about their being equal to Saratoga.—Cases of smallpox have appeared at Goffstown, N. H., and at Bristol, near Middlebury, Vt.

MARRIED.—At Hebron, Ct., A. A. Plimpton, M.D., of Monroe, Me., to Abby Maria Annable, of the former place.

DIED.—At Milton, Mass., Thomas Kittredge, M.D., 33.—At Wilmington, Del., Wm. Gibbons, M.D.—At Baltimore, Dr. Wm. A. Cobb, 23, from the effects of an injury received by being thrown from his horse.

Number of deaths in Boston, for the week ending Aug. 2, 46.—Males, 27; Females, 19. Stillborn, 6.
Of consumption, 10—old age, 6—croup, 1—palsy, 1—diarrhœa of the bowels, 2—hooping cough, 1—convulsions, 2—inflammation of the lungs, 2—cholera infantum, 1—teething, 2—diarrhœa, 1—disease of the heart, 2—cancer in the breast, 1—dropsy on the brain, 2—dropsy, 1—accidental, 2—pleurisy, 1—marasmus, 3—infantile, 2—cholera morbus, 1—drowned, 1.
Under 5 years, 23—between 5 and 20 years, 5—between 20 and 60 years, 13—over 60 years, 6.

Questions on the Origin of Diseases.—The following interrogatories are addressed by Dr. B. Dowler, of New Orleans, to persons of observation in all conditions of life, whether belonging to the profession or not. They relate to facts which are more or less peculiar to the South, but interesting to the profession everywhere.

Other things being equal, does the stranger suffer more from debility, fever, dysentery, than the Creole and acclimated? When does this difference cease? the 2nd, 3d, or 4th year? Consider the sex; the color, white? mulatto? black? Indian?

Which is the most frequent, and, which the most fatal fever? Does the first attack lessen the chances and dangers of other attacks, that is, afford any protection? Do fevers, especially agues, prevail equally near to, and remote from, the swamps? Which is the most sickly season of the year? Are seasons of much rain and inundation, more or less healthy than other seasons?

What is the probable number annually attacked with the ague or intermitting fever in each 100 whites and blacks? distinguish strangers from Creoles and the acclimated; also the sexes? the usual duration of the attack? The topography or description of the place where it is most prevalent?

Name the acclimating diseases, that is, those diseases to which strangers are subject, and from which, Creoles are wholly or partially exempt? Is ague one of these? sun-stroke? dysentery? bilious fever? congestive?

Is sun-stroke *(coup de soleil)*, frequent and fatal, and equally so among strangers and Creoles?

At what period does the unacclimated slave equal the Creole slave in health and ability to labor?

Are white Creoles who accustom themselves to labor, equal in all respects to the black and mulatto Creoles in physical power, endurance and health? Is the mulatto, in these respects, inferior to the pure black?

Is infantile lockjaw frequent, and fatal, and equally so, among strangers and Creoles, both white and black?

Do Creoles of New Orleans, on removing to the country, suffer more sickness than country Creoles?

Do horses, cattle, mules, sheep, poultry, &c., from the North, suffer or die, in a greater ratio than Creole animals? What is the period of their acclimation?

Is the country more or less healthy now than formerly? Consider the sanatory condition before, during, and after the process of clearing, ditching and cultivation? Do mosquitoes increase or diminish under these conditions?

Can you say from personal observation, that the most swampy parts of the State are the most unhealthy, and have the most fevers?

Facts should not be picked to confirm any theory. Answers should be based on numerical proportions or averages, noticing exceptions and extraordinary cases.

It is desirable that all evidences drawn from other climates, from books, from prevailing opinions, be wholly disregarded in giving these answers. Facts only, not explanations, are important; for example, do not take for granted that swamps cause salubrity or insalubrity; examine whether diseases increase or diminish, according to the distance from them, &c., without any regard to any other climate or locality whatever.